

COMMONWEALTH OF KENTUCKY

KENTUCKY DEPARTMENT FOR LIBRARIES AND ARCHIVES TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and return to:

KDLA, Grants & Contracts Office, Nicole Bryan, Title VI Coordinator, PO Box 537
Frankfort, KY 40602-0537. You can reach the Title VI Coordinator Monday–Friday
from 7:45a - 4:15p at 502-564-8300, ext 304 or nicole.bryan@ky.gov.

Note: To protect your rights, your complaint must be filed within 180 days of the occurrence.
Failure to file within 180 days may result in dismissal of complaint.

1. Complainant's Name _____
2. Address _____
3. City, State and Zip Code _____
4. Telephone Number (home) _____ (business) _____
5. Person discriminated against (if someone other than complainant)
Name _____
Address _____
City, State and Zip Code _____
6. What was the discrimination based on? (check all that apply)

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Low Income	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Limited English Proficiency
<input type="checkbox"/> Religion		
7. Date of alleged discrimination: _____

8. Describe the alleged discrimination. Explain what happened and whom you believe was responsible. (for additional space, attach sheets of paper or use back of the form)

9. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

☐ Yes ☐ No

If yes, please provide the name of the Agency/Court where you filed your complaint:

Agency/Court _____

Contact Person _____

Address _____

City, State, Zip Code _____

10. Do you need any special accommodations for communication regarding this complaint?
(mark all that apply)

☐ Braille

☐ Large Print

☐ Cassette Tape

☐ Sign Language Interpreter (specify language) _____

☐ Language Interpreter (specify language) _____

☐ Other _____

11. How can this complaint be resolved (how can the problem be corrected)?

Please sign below. Attach any documents you believe supports your complaint. Include the names, addresses and telephone numbers of witnesses.

Signature

Date

If you wish to file your complaint with a federal agency, please mail your complaint forms to the following address:

US Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Washington DC 20530

888/848-5306 (toll free voice and TDD)
202/307-2222 (voice)
202/307-2678 (TDD)